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ABSTRACT

Analyses of the service needs of various disabled groups indicate that the techniques of community psychology are relevant for developmentally disabled persons. Objective needs assessment contributes to effective community psychological interventions by providing valuable input to decisions on systems analysis, program design, evaluation, consultation, and advocacy--activities central to the role of the community psychologist. The community psychologist may provide support in three components of needs assessment: design, liaison, and follow-up and feedback. Input by the community psychologist is important in: (1) developing support of local government and providers through the use of objective data; (2) exploring agency-specific information needs; (3) teaching data interpretation skills to administration staff; (4) communicating information system capabilities; (5) developing comprehensive outputs to satisfy needs; and (6) conveying information needs to computer and information system staffs. Over time, the demand for community intervention in providing disability services will increase and be facilitated through needs assessment.
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IMPLICATIONS OF AGGREGATE DISABILITY AND SERVICE NEEDS:

DESCRIPTIONS FOR PSYCHOLOGICAL INTERVENTIONS¹

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The New York State Office of Mental Retardation and Developmental Disabilities is in the process of collecting needs assessment information about developmentally disabled persons throughout New York State regardless of service auspices, and has surveyed over 32,000 people to date. The resulting data base includes information collected on an individual case basis, about: a) demographics (13 items); b) categorical disability factors (3 items); c) general functional disability factors (13 items); d) program status and needs/obstacles to services (12 items); e) services received and needed (36 items); and f) MDPS-AF behavior scales (80 items). (A listing of data elements is presented in Table I.)

INSERT TABLE I ABOUT HERE

The focus in this report will be on the role of the community psychologist in the developmental disabilities service system and, in particular, how the types of information we have collected in our needs assessment may be used to support community psychological interventions. The role of the community psychologist related to the developmental disabilities, or DD, services system has not been well-reported in the literature, although this system constitutes an element of the deviance control system. Deviance control and systems of socialization and support have, of course, been noted by a number of writers as the appropriate focus of community psychology.

Within the deviance control system, community psychology often seems to have focused upon transient services which are responsive to acute or specific needs, often of limited duration. Services of limited duration have been a major priority, in part, because as service systems develop long-term care needs are often met before other needs. This may be due to the historical precedents set by institutions for the disabled. As a result, much emphasis have been placed upon establishing, linking, and modifying system components to permit rapid movement through the system consonant with changing personal needs. This emphasis itself is a response to the characteristics of the psychiatric disability and general populations which have demonstrated ability to move thorough components of this system when the appropriate alternatives are linked.

The DD Service System, on the other hand, does not lend itself as readily to a major concentration in time-limited service provision. A primary characteristic of the population is difficulty in learning. Due to physical disability, difficulties in participating in some mainstream societal activities without compensatory training or devices are not unusual. As

a consequence DD service consumers frequently participate in a discrete group of services or program settings for sustained periods, in many instances on a lifelong basis.

Some parallels of service need to other disability groups, and to the general population, are apparent, however:

- a. the natural evaluation of community service systems does not necessarily result in need-based services and coordination activities unless steps have been taken, either in program design or afterward, to assure integration of services;
- b. services are best delivered and accessed as close to a person's home as possible; residential services are best provided in a setting as much like a home as possible;
- c. several other segments of the population, dependent children and senior citizens, evidence similar long-term care needs; community psychological interventions have successfully targeted services for these groups;
- d. regardless of presence or absence of acute or chronic disability, accessibility and availability of generic services is a characteristic of well-developed and integrated service systems; lastly
- e. persons with medical, psychiatric, and developmental disabilities have historically been sequestered from mainstream society, and similar educational activities to promote community integration of these groups are necessary.

Based upon these commonalities it can be argued that the techniques of community psychology are as relevant for system support for developmentally disabled persons as for any other population segment. Objective needs assessment constitutes a valuable input to decisions on options and directions for systems analysis, program design, evaluation, consultation, and advocacy; activities noted by Goodstein and Sandler (1978) as central to the role of the community psychologist. These activities are not immediately separable; nevertheless one may identify some specific ways in which the collection of objective data can support and guide community psychological intervention.

THE COMMUNITY PSYCHOLOGIST'S ROLE IN NEEDS ASSESSMENT

The community psychologist may provide immediate supports in three components of needs assessment: 1) design, 2) liaison establishment and maintenance, and 3) follow-up and feedback. An important design consideration involves structuring the needs assessment such that multiple levels of utility are present - that data collected will be fed back on an agency, county, or multi-county level and be useful, and be in format and content variations suitable on these levels.

Input by the community psychologist is important in 1) developing support and interest on the part of local government and providers in the use of objective data, 2) exploring agency-specific information needs, 3) teaching data interpretation skills to administrative staff, 4) communicating information system capabilities, 5) developing, in cooperation with agencies, outputs which are comprehensible and which satisfy needs, and 6) conveying these information needs to computer and information system staff. Experience in New York has shown that the process of seeking detailed information has proved the basis for new or expanded interactions among state-operated and agency-operated programs, not to mention increased familiarity with many organizations.

SYSTEMS ANALYSIS

Needs assessment can be used to describe relationships among agencies and programs which can form the basis of more direct service provision. For instance, overlap in case responsibility among agencies may be analyzed (about 2,000 providers are now coded in the New York data base as serving one or more persons). Questions regarding inter-agency coordination needs can be addressed by focusing on programs sharing the same persons.

One can also devise a picture of the available program mix; i.e., the extent to which program types are inter-related by mutual participation in order to ascertain gaps in the gamut of possible services. Information of this sort on a statewide level can support the development of a continuum of care model. Gaps on the local level, when compared to either a model or population-base data, can indicate deficiencies in program supports and highlight special regional service needs.

PROGRAM DESIGN

Objective information can feed into program design on several levels.

First, skill and deficit data collected on an individual basis can permit location of individuals within a system who would benefit from a type of program being introduced, or an estimation of persons in need necessary to acquire funding.

Second, once these individuals have been located this information permits the projection of the mix of staff and services required by particular individuals to be served at the same site. Depending upon program philosophy, persons can be grouped homogeneously or heterogeneously.

Third, this information can support the structural design of a program; for example, the structure of a special transportation system interrelating residence with program site could be derived.

CONSULTATION

For the clinical psychologist in developmental disabilities consultation is most likely to take the form of intermittent direct services, or supervision of direct services to persons participating in a program. Not infrequently these services may be limited to assessment. For the community psychologist, however, consultation may take the form of program analysis and design assistance to particular agencies or programs, or development of mechanisms to assure that the services provided through programs are consonant with needs.

The MDPS-AF behavior scale (Joiner & Krantz, 1978) information New York collects is especially useful for indicating group service needs, and areas of service priority. When aggregated on a statewide level it can define a focal population for a program type; when displayed for specific program sites and types it can suggest service priorities. Comparison of these two data sets may, additionally, support an argument for conversion to a more intensely funded program type, permitting expanded program services.

Consultation may also include staff development activities to remediate shortfalls in service provision. Discrepancies between service need and receipt may be remediated in some instances by enhancing the ability of para-professional staff to follow-through on goals which are designed by professionals and require specialized skills. Furthermore, unmet needs for service endemic across programs may be met by interagency training programs.

An additional component of consultation entails more general organizational development activities; for example, preparing agencies and communities to deal with a shifting and more comprehensive community-based system with continued deinstitutionalization. Information regarding projected program needs can be taken into account in anticipating which new types of programs agencies may wish to develop to remain viable, when it may be valuable to establish new, specialty agencies, and what sectors of service will need to be enhanced for persons returning from institutions.

ADVOCACY

Objective information can address advocacy concerns through delineation of obstacles to the development of day and residential programs, and to provision of generic services. Generic services, in particular, are often not available to DD persons in community settings. Advocacy for access to these services can constitute a major focus of community intervention. This may be supported by assuring the professional community that services are both needed and relevant for this population, and forming linkages between the specialized and generic services system.

CONCLUSIONS

The needs assessment process can constitute a preliminary base for any community intervention with the caveat that the necessary understanding of community subcultures, local politics, inter-relationships of agencies, and of agency directors, is present. Discussion of these less tangible but nevertheless important, sources of information has been pointedly omitted from this presentation, for a needs assessment process such as the one described is predicated upon collecting data on persons in service, or in need of services. Complimentary systems might concentrate on agency needs and projections from an administrative perspective. The use of needs assessment in developmental disabilities has become increasingly important for the planning of DD services as the system continues to move out into the community and examples of similar systems can be found in Massachusetts, Minnesota, Illinois, California and a number of other states. With enhanced knowledge of projected systems growth and the continuation of deinstitutionalization, it can be expected that the demand for community intervention will increase, and hopefully, be facilitated through needs assessment.

REFERENCES

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TABLE 1: NEEDS ASSESSMENT DATA ELEMENTS

Age
 Gender
 Ethnicity
 Language Used
 Marital Status
 Financial Assistance
 County of Residence
 County of Interest
 Major Identified Developmental Disabilities
 Other Significant Disabilities
 Psychiatric Disability
 Physical Disability
 Level of Functioning
 Mobility
 Hearing
 Vision
 Expressive Language
 Receptive Language
 Independence Capacity Skills
 Self-Care Skills
 Behavioral Impediments to Independent Functioning
 Seizure Disorder and Frequency
 Has Seizures
 Seizures are controlled
 Medication
 Medication Administration
 Special Dietary Needs
 Residential Program
 Current
 Short-term
 Two Year Need
 Four Year Need
 Obstacles to Residential Programs
 First Obstacle
 Second Obstacle
 Obstacle to Two Year Need
 Day Program
 Current
 Short-term
 Two Year Need
 Four Year Need
 Obstacles to Day Programs
 First Obstacle
 Second Obstacle
 Obstacle to Two Year Need
 Health and Therapy Services
 Currently Received
 Currently Needed
 First Most Needed
 Second Most Needed
 Obstacles to Health and Therapy Services
 Obstacle to Most Needed Service
 Obstacle to Second Most Needed Service
 Community Generic Services
 Currently Received
 Currently Needed
 First Most Needed
 Second Most Needed
 Obstacles to Community Generic Services
 Obstacle to Most Needed Service
 Obstacle to Second Most Needed Service